

**BERWYN GIBBONS THEATRE TRUST
GRANT APPLICATION FORM.**

DUE BACK BY 31st OCTOBER

Name of Organisation or Individual: _____

Mailing Address: _____

Contact Person: _____

Phone etc: Home: _____ Mobile: _____

e-mail: _____

Purpose of your organization (if applicable):

Activity/Project for which funding is requested:

Anticipated timeline for this activity/project: _____

Total cost of project (known or projected): \$ _____

Amount requested from this trust: \$ _____

Has an application for funds been made to any other organisations? yes/no

If yes, which organisations and how much?

_____ \$ _____ Funding received? yes/no/pending

_____ \$ _____ Funding received? yes/no/pending

What financial commitment are you or your organisation making to this activity/project? \$ _____

Declaration: To the best of my knowledge, the above information is true and correct. I understand the Berwyn Gibbons Theatre Trust requires a report, including financial details, on completion of this activity/project. I understand all decisions made by the Trust on grant applications will be final and no further communication will be entered into.

Please attach any other available relevant information. Eg. CV, project plan.

Personal reference contact details:

Name: _____

Signature: _____ Date: _____